

## SECTION 15.65: HEPATITIS B POLICY

Last Updated: 11/03

### HEPATITIS B POLICY STATEMENT

#### Introduction

Hepatitis B is a viral blood-borne disease that affects the liver. Hepatitis B may be fatal or become chronic. A vaccine is available to prevent the disease. Persons should receive this vaccine that have a potential for occupational exposure to blood and body fluids.

Exposure is defined by the Iowa Occupational Safety and Health Administration (IOSH) as reasonably anticipated skin, eye, mucous membrane, parenteral (i.e., skin penetrating, such as needle stick) contact with blood, or other potentially infectious materials (such as body fluids) more than once per month on average.

The IOSH requires that this vaccine be offered at no charge to all employees meeting the exposure criteria, which are more fully, explained CPL 2-2.69 of the IOSH Compliance Directives.

#### General Policy Statement

**Each Department is responsible for identifying categories of employees at risk using the occupational exposure definition, and for keeping documentation of the at-risk categories and how those categories were defined.** Each department that has categories of employees at risk, according to the IOSH definitions, standards and/or directives shall:

1. To those at risk, provide to those at risk training about Hepatitis B, potential for contact with the Hepatitis B virus, and available preventative steps; including the optional Hepatitis B vaccination;
2. Keep records of training;
3. Keep confidential records of employee Hepatitis B vaccination consent or refusal, and other related medical records for each at-risk employee;
4. At the department's expense make the Hepatitis B vaccination available to employees at risk of occupational exposure; and
5. Establish a written infection control program, which contains:
  - How occupational exposure was determined.
  - The schedule and method of implementation for each of the applicable paragraphs of the IOSH standard.
  - The contents or a summary of the training program.

Post exposure incident evaluations will be offered at no charge to an employee if source is unknown or source patient refuses to be tested or is hepatitis positive. The post exposure evaluation may include laboratory evaluation of Hepatitis B immune status. Employees not vaccinated against Hepatitis B shall receive Hepatitis B Immune Globulin and the Hepatitis B vaccine at no charge to the employee.

The Iowa Department of Public Health must approve all Hepatitis B immunization related policies, curriculum and/or protocols before adoption. Training shall follow the Centers for Disease Control and Iowa Department of Public Health guidelines.

Information and educational programs about Hepatitis B and Hepatitis B vaccine are available through the Iowa Department of Public Health. Departments may schedule these programs through the Department of Administrative Services – Human Resources Enterprise.

Employees who refuse the opportunity to be vaccinated with the Hepatitis B vaccine may elect to be vaccinated at a later time.

Hepatitis B vaccine is administered in a series of three injections; initially, one month later, and six months after the initial dose. Employees, who initiate the vaccine series and separate from state employment before the vaccination series is complete, may complete the vaccine series. To facilitate this process, terminating employees will be given a copy of their immunization consent for the Hepatitis B vaccine, which includes documentation of doses administered.

## **Employees**

The State of Iowa further recognizes that an employee's health condition is personal and confidential. In the event an employee is absent from work because of Hepatitis B, the same confidentiality requirements that apply to any medical condition will be in force.

## **Implementation of this Policy**

Implementation of this policy is intended to be consistent with state personnel rules, administrative procedures, labor agreements and IOSH standards. Managers, supervisors, and employees are encouraged to avail themselves of related educational opportunities.

## **Additional Resources**

For assistance or further information in implementing this policy, departments should contact their personnel officer or the Department of Public Health, Division of Disease Prevention (515) 281-7788.

## **INFORMATION ABOUT HEPATITIS B VACCINE**

### **The Disease**

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV), which causes death in 1-2% of patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis or liver cancer. Immunization against the Hepatitis B virus can prevent acute hepatitis and its complications.

### **The Vaccine**

Hepatitis B vaccine is produced from yeast cells. It has been extensively tested for safety and effectiveness in large-scale clinical trials.

Approximately 90 percent of health people who receive two doses of vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against Hepatitis B virus. Hepatitis B vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses.

There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization.

### **Dosage and Administration**

The Hepatitis B vaccine is given in three intramuscular doses in the deltoid muscle. Two initial doses are given one month apart and the third dose is given six months after the first.

## Possible Vaccine Side Effects

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten or 20 percent of persons experience tenderness and redness at the site of injection and low-grade fever. Rarely rash, nausea, and joint pain, and mild fatigue have been reported. The possibility exists that other side effects may be identified with more extensive use.

## HEPATITIS B IMMUNIZATION/CONSENT OR REFUSAL

\_\_\_\_\_  
*Employee's Name (please print)*

\_\_\_\_\_  
*Social Security Number*

I have read the information about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine.

## CONSENT TO HEPATITIS B VACCINATION

\_\_\_\_\_  
*Signature of Person to Receive Vaccine*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date Signed*

	<b><i>Date Vaccinated</i></b>	<b><i>Lot No.</i></b>	<b><i>Site</i></b>	<b><i>Administered By</i></b>
1.				
2.				
3.				

## REFUSAL OF HEPATITIS B VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

## BLOODBORNE PATHOGEN ADMINISTRATIVE GUIDELINES

### What is Bloodborne Pathogen Exposure?

#### 1. Definition of Hepatitis B Occupational Exposure

Bloodborne pathogen occupational exposure as defined by the Iowa Occupational Safety and Health Bureau (IOSH):

Reasonably anticipated skin, eye, mucous membrane or parenteral (i.e., skin penetrating, such as needle stick) contact with blood, or other potentially infectious materials that may result from the performance of an employee's duties.

#### 2. Examples – Potentially infectious materials include:

- Semen
- Vaginal secretions
- Cerebrospinal (brain or spinal) fluid
- Saliva in dental procedures
- Any body fluid visibly contaminated with blood (i.e., urine, feces, saliva)
- Human tissues or organs (i.e., during a transplant)
- Contact with known HIV or HBV contaminated cells or tissue cultures (i.e., lab work or research)

#### 3. Definition of Hepatitis B – Disease of the liver caused by the Hepatitis B virus. The course of the disease can range from no symptoms to liver failure and death.

#### 4. Definition of Human Immunodeficiency Virus (HIV) – This is the virus that causes acquired immunodeficiency syndrome (AIDS). It attacks the immune system leaving the body susceptible to diseases. It causes a spectrum of disease starting with HIV infectivity, progressing to AIDS and death.

#### 5. Definition of Bloodborne Pathogen “Exposure Incident” – Bloodborne pathogen of eye, mouth or other mucous membrane, non-intact skin, parenteral (i.e., skin penetrating, such as a needle stick, human bites) contact with blood or other potentially infectious materials (such as body fluids).

### What are the Responsibilities of Management?

#### 1. Identifying Positions – Departments are responsible to identify which job classifications place employees at risk of occupational exposure according to the IOSH definition, as above [which is explained in more detail in IOSH standard 1910.1030].

#### 2. Written Records Required – Prepare the following records within your department:

- A list of all job classifications that meet the bloodborne pathogen occupational exposure definition. These positions are “at risk” and are covered by the standard. (When selecting job classifications, personal protective equipment shall not be a determining factor.)
- For those job classifications in which not everyone is at risk a list of tasks or procedures that put employees at risk must be developed.
- Review and update the list and program annually or as jobs, tasks or procedures change.

- **Timeframe** – Positions must be identified and written records prepared. Annual review is required.

### 3. **Exposure Control Plan – Program Contents:**

- Training efforts and plan.
- Personal protective equipment required.
- Schedule and methods for cleaning and disinfecting work areas.
- Hepatitis B Vaccination plan.
- Record of Hepatitis information provided to physicians.
- Employee recordkeeping plan including who has access to confidential records.
- Other items listed in the IOSH standard 1910.1030.

### 4. **Training**

#### **Timeframe**

- Complete for all at-risk employees.
- New employees trained before beginning tasks that may involve occupational exposure to bloodborne pathogens and within 10 days of work assignment.

#### **Training Content**

- A copy of the standard and explanation of its contents.
- Ways bloodborne pathogens are transmitted.
- Your infection control program.
- Methods employees can use to recognize tasks and other activities that may involve occupational exposure to blood and other infectious materials.
- Practices, personal protective equipment and engineering controls that will prevent or reduce occupational exposure. Include limitations.
- Information on types of personal protective equipment and how to properly use, locate, remove, handle, decontaminate, and dispose of.
- Reasoning for selecting the personal protective equipment.
- Information on the hepatitis B vaccine.
- Information on actions to take and persons to contact in an emergency.
- What employees should do when there is an exposure incident.
- Signs and labels.
- Additional training if you have an HIV or HBV research laboratory.

For details, see IOSH standard 1910.1030, “information and training”

**Training Recordkeeping** – Keep the following training records within your facility for 3 years:

- Dates of training and instructor’s name and qualifications.

- Names and job titles of all persons attending
- Content covered in training

## 5. Hepatitis B Vaccination

**Timeframe** – All initial doses of the vaccinations shall be complete for employees who accept the vaccine.

### Action Required

- Offered vaccine free of charge to all employees at risk of occupational exposure at initiation of policy or within 10 working days of initial assignment.
- Document the vaccination offer and decision.
- Allow employee who initially declines the vaccine to later decide to accept the vaccine if they are still covered by the standard.

### Procedures

- Hepatitis B vaccinations and any related medical evaluations and procedures shall be performed by or under the supervision of a licensed physician.
- Lab tests shall be conducted by an accredited laboratory.
- Assure that all vaccinations, evaluations and procedures are provided at a reasonable time and place. Post exposure evaluation and follow-up shall be started within 24 hours of exposure.

### Recordkeeping

- Each department is responsible for keeping vaccine and Hepatitis B related records for each employee covered by the standard until 30 years after the employee separates.
- The Hepatitis B related records are confidential and part of the official employee file.
- If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Area OSHA Director, at least three months prior to their disposal and transmit them to the Area OSHA Director, if required by the Area OSHA Director to do so, within that three-month period.

### Post Exposure Evaluation

- Document each exposure incident, route of exposure and circumstances.
- You are obligated to provide at no charge to the employee a post exposure evaluation that consists of testing and treatment for hepatitis B virus and human immunodeficiency virus following current Center of Disease Control guidelines.
- Post-exposure evaluation will include counseling with a Licensed Health Care Professional (LHCP).